

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

18991

1. PLACE OF DEATH
 22 County Cape Girardeau Registration District No. 184
 Township Lower Union Primary Registration District No. 5255
 City Osark St. _____ Ward _____
 2. FULL NAME Elvaine Isabelle McBoyer
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) unmarried
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George McBoyer
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 8 1862
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 5 16
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Keeper
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24 1932
 22. I HEREBY CERTIFY That I attended deceased from June 27, 1931, to June 24, 1932
 I last saw her alive on June 23, 1932. Death is said to have occurred on the date stated above, at 10:30 a.m.
 The principal cause of death and related causes of importance were as follows:
arteria sclerosis
angina pectoris
 Date of onset _____
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? None Was there an autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) R. R. Farthing, M. D.
 (Address) Osark

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 FATHER 13. NAME J. M. Sattrell
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee
 MOTHER 15. MAIDEN NAME Elizabeth Ross
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee
 17. INFORMANT Rosa McBoyer
 (ADDRESS) Osark Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Hospital DATE June 27 1932
 19. UNDERTAKER T. B. Chapman
 (ADDRESS) Osark Mo
 20. FILED July 1 1932 Ruth Harrison
 Registrar.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

22 1932

